

**Community Stakeholder Group Meeting
Second District STD Control Plan**

700 Exposition Park Drive | Los Angeles, CA 90037
August 3, 2012 | 9:00 am - 12:00 pm

Meeting Purpose:	This Community Stakeholder Group (CSG) meets routinely to share the 2nd District STD Control Plan (D2CP) with community stakeholders, receive feedback on the plan to make refinements, and empower members to help reduce STD disparities in the 2 nd District in partnership with the Los Angeles County Department of Public Health.
Goals and Objectives	This meeting will discuss details regarding participants in the project, share experiences of the outreach workers, discuss the place of evaluations, create protocols for communication as well as solidify plan for teen summit.
Meeting Facilitator:	Black Women for Wellness, LA County Department of Public Health Division of HIV and STD Programs, Office of the 2nd District Supervisor

1. Breakfast, Registration & Networking

2. Welcome by Yolanda Vera of the 2nd District

Mark Ridley Thomas' office is working on domestic violence services, health services for women, and mental health care provision. *New Hospital* - when the new hospital opens, there will be a psychiatric office in the hospital to provide counseling on the spot. There will also be services for the homeless, alcohol and drug counselors, and people to help with linkages to service. *School-Based Health Centers (Wellness Centers)* – there will be 6 by the end of the year. Mary Jane Puffer explained that the Wellness Centers are full service community clinics through LAUSD funding. There is an access point for public to use centers and an access point for schools. The point is to help get people into care early to provide prevention and increased access, including prenatal and infant care.

3. Funding Overview with Sophia Rumanes

Sophia Rumanes, Chief of HIV Prevention Services at County Division of HIV and STD Programs provided an overview: LA County is the second biggest health department in the country. Many services, such as treatment and care for those living with HIV are contracted out because the department is so large.

Funding – The Public Health Department has \$80 million for HIV services, \$20 million of which is for prevention services. Funding sources for the Second District Plan include the CDC CARS grant, 2nd District/DHSP/NCC funds, DHHS/OAH (*Keeping it Real Grant*), and the CDC ECHIP grant. The CDC CARs grant is the one that specifically funds this project. Additionally, the 2nd District and the County support several thousand dollars per year. The *Keeping it Real* grant is for a specific school grant. For the 3 year program, roughly \$83,000 has been allocated.

Who is Currently Funded – There are so many community partners to fulfill all 6 components of the program (California Family Health Council, IT support, St. Johns (with Reach LA, AADAP), outreach workers, existing services such as HIV testing vans that have started distributing kits, the Public Health laboratory that tests all specimens. Community Engagement is done by BWW and CFHC, evaluation is done by Sentient Research, and new agencies

coming on board are the California Black Women's Health Project (Crystal Crawford) and the First Ladies. The aforementioned contractors are being directly supported, though there are other community assets that have not been mentioned. There are existing providers that provide services to reduce STDs and HIV among women in the target area through screening, direct services, empowering women, education, faith-based services, etc. FAME will hopefully come on board through the First Ladies. They will provide test kits, education and health information for this program.

New Opportunities for Funding– Most of the money for the Plan has been allocated, but subcontractors of this project are empowered to bring on new contractors, like outreach workers, etc. Once someone is identified, there is a process through the County that new applicants have to go through. There is also a Request for Proposal (RFP) process that will be coming out in the future for HIV/STD related programs, so if any agencies want to apply for those, we encourage them to do so.

Questions and Answers:

Question 1: When there is success in the program, there are more undiagnosed infections and more women are being referred to clinical services. There are organizations that are providing these increased services. What are the opportunities for these organizations to get plugged into this program?

Answer 1: We always look at what's working and what's not working. We work with organizations on a daily basis to figure out how they can partner with us. Orgs that provide clinical services are funded through another stream and are supported to handle the increase case load that will come out of our expanded screening. We hope to work together synergistically and we are always working on this and trying to improve the process.

Question 2: Do organizations that want to subcontract have to have a formal relationship with the County?

Answer 2: No, they have to have a relationship with the subcontractor. St. John's, AADAP, and Reach LA are all subcontracted and they are responsible for outreach activities and tablets.

Question 3: \$800,000 in funding was mentioned. When MRT first announced this initiative last fall, there was an article that \$2.2 million was available for this initiative. Where did the difference go?

Answer 3: The \$2.2 million is for the whole 3-year program. The \$800,000 is annual.

Question 4: Why has it taken so long to get the First Ladies Initiative going? Do you plan on partnering with the other new First Ladies Initiative?

Answer 4: Last September was the start of the project, but the County needed time to get contracts in place and to get the program running. We had to make sure that all elements were being implemented. We had to negotiate the funding amount with the First Ladies and get the process through the County. The First Ladies, FAME, and Walgreens were all trying to brand a First Ladies Health Initiative that was independent of CARS. Walgreens will be working in LA and is organizing HIV/STD related health programs in South LA churches. Walgreens approached County to coordinate. The programs will be separate but will hopefully collaborate.

Comment: The entire group agreed that they would like an update on the progress of the program at each meeting.

4. Progress Update, Successes and Challenges with Harlan Rotblatt

Outreach & Testing - Women are able to test at home with home test kits so they do not have to go to a clinic setting for testing. We have tablets at various community organizations so that test kits can be distributed in the community. St. Johns, Reach LA, AADAP, and 3 new agencies will be added, Planned Parenthood, LAUSD, BWW, and Charles Drew have all received a tablet to conduct outreach.

Tablet outreach began in February, 2012 and 575 tablet orders were placed by the end of June. There are more tablet orders than online orders for the program, so in less time, the outreach workers distributed more kits. There were 311 testable specimens sent to the public health laboratory, with 21 positives (19 chlamydia, 2 gonorrhea, 6.8% positive). The results received by tablets have more than doubled the testing, but women who get kits by outreach are not retrieving their results as much as women who order online. Positivity rates for tablet orders is low.

We placed 2 kiosks in pharmacies, though we have not received any orders. There is a pending placement at Trade Tech where we are working with their student clinic to place it and we are hoping that student promotion and proximity will help promote kiosk use. We are also talking to 2 other pharmacies about placement.

475 people requested kits online. There is also a toll free phone number to order kits, but most people do not do that.

Thank you to the outreach workers and for all their hard work- they have made a tremendous impact so far.

Questions and Answers

Question 1: For the people who tested positive, what was the process for getting them treatment?

Answer 1: We follow all the positives, public health nurses follow up with them. If they do not call for their results in a week, we call them. Seventeen of the 21 positives were confirmed treated. Four positives were not able to be reached, but we are still trying. We actually send a PH nurse to homes and do everything we can to follow up.

Question 2: What are some ideas that you are exploring to improve tablet retrieval rate?

Answer 2: Our online retrieval rate of over 95% is very high, which is good. To improve outreach results, we are trying to improve the information provided to women on how they can get their results – website, phone call, etc. If a woman goes online, she already knows how to get to the website where she can get her results – it is the same as the website to order a kit. For outreach clients, they have not been to the website so it is a newer process. We have to figure out ways to boost this and if anyone has ideas, please share.

Question 3: Do the numbers presented by Harlan include those who call their outreach worker for results?

Answer 3: Yes.

Question 4: When you get the kit in outreach, the kit is handed to you. You can opt to get a text message that your results are ready. Is there a higher rate of people checking their results among those who get a text, because a smart phone can just click right through?

Answer 4: We do not know, but that is a good way to evaluate if that is working.

Question 5: Though numbers are small, do we know if we are reaching our goals and who we are reaching?

Answer 5: In the past 2 years, 80% of women who were tested were Latina or African American in their 20s, so no school-aged women. With direct tablet outreach, we have reached younger women, so the tablets have really helped us reach the goal of reaching the target population.

5. Large Group Discussion (BWW as Facilitator)

- Creating transparency
- Creating accountability
- Levels of bureaucracy
- Communication plan for recommendations and concerns

Jan asked the group, how do we create the process for sharing ideas to improve the program? The kiosks are not working very well. If you have ideas, how do we implement your ideas?

Idea 1: For the CSG to impact the direction of the Plan, there needs to be a process (a liaison person, BWW, a forum, or a subcommittee) that that allows for feedback to be shared with the County. Since we meet bi-monthly, ideas and strategies for addressing those ideas can be discussed by the whole group here. The CAG was built to be a forum. The agenda can be revised to be this forum. We give and receive feedback and progress. There are a lot of resources in this CAG and with an agenda that focuses on the feedback process, we can do this here.

Idea 2: An Ad hoc committee that meets in between CSG meetings could also work and allow for a faster process. They would be responsible for bringing recommendation to the general body, then BWW can take the feedback and bring it to County.

Idea 3: Write a letter of recommendation to powers that be and they tell us how to implement those ideas. We create a process for policy.

Final decision – ad hoc committee will come up with a skeleton idea to create the sharing process, then at the next CAG, the ad hoc committee members will present it and we will dedicate the meeting to the process. Those who are interested in being in ad hoc committee should take a card at their table and put their contact information. We will be contacting you to set up this committee.

6. Outreach Strategies with Street Teams (St. Johns, AADAP, and REACH LA) - Successes & Challenges

Daniel from St. John's spoke about outreach work, what they do and what resources they have, then had each outreach subcontractor share their experiences.

AADAP: Stephanie from AADAP spoke about their efforts – they attend health fairs, partner with Summer Night Lights at Nickerson Gardens on Friday nights, visit DPSS every Tuesday and Thursday, and work with the “Sista Project”. Most of Stephanie's clients don't have phones or access to a computer and in addition they do not think about their health, so women do not come back to get their results. This is a huge challenge for Stephanie.

Reach LA: Norma mentioned that youth voice is very important to Reach LA. They want to mobilize youth and have youth come up with ideas to create programs and change. They created a bag of incentives and partnered with an organization to do counseling and testing with 100 young women. They return to test sites to help young girls receive their results. They go to schools to reach school age youth. When someone gets tested with them, they fill out a quality of service survey so they can continue to improve their services.

St. John's: A challenge is that young women are not getting their alerts, so we need to find out what the problem is with that texting service. Reach LA has done a great job with following up with women to be sure they get their results. St. John's also conducts street based outreach at Metro, County facility buildings, and Trade Tech. They look for areas with restrooms nearby so women can test on the spot. They do some community colleges and presentations with schools to bring awareness. They also go out on Figueroa and try to find street workers.

Outreach Successes – Daniel Rivas (St. John's)

The diversity in outreach organizations and locations of outreach (DV shelters, high schools, Facebook parties, DPSS line, sex workers on street) have helped make it very successful. We've had great success with limited staff so there is only opportunity to build off that. We want ideas from the CSG as to where else we should go. The metro on 120th seems to be a hotspot for testing events, where else? Where else should we go? We outreach at Metro stops and Friday Night Lights and that has been really helpful. Other partnerships or ideas are welcomed. We meet every 1st and 2nd Friday of the month to discuss this and all are welcome.

7. CBO Highlight - Planned Parenthood Los Angeles (PPLA)

Since 2008, PPLA has worked with youth to spread the word about the chlamydia and gonorrhea home test kits. Jocelyn Bush-Spurlynn and Jackie Provost have taken this on to include youth in a conversation about high chlamydia and gonorrhea outbreaks in their age group. They have included outreach events, concerts, movie theaters, and the beach. They have tried to find places where youth congregate. The street team reaches over 8,000 people each year. They are always trying to put the home test kit in the larger picture of sexual health. An issue teens have is that they want to have kits, but they do not want them being sent to their home.

Michelle Jackson works with the street team. She says they are really trying to connect with teens in a way that really reaches them - their lives and what's important to them. They do workshops, theater groups, and social media campaigns, so things they can share with their friends. They want the teens to start the conversation and keep it going with other youth.

8. CBO Highlight - UMMA Community Clinics Jackie Provost

Jackie Provost, Director of Programs at UMMA Clinic - UMMA is an idea born from 7 UCLA and Charles Drew University medical students. The medical students came together to open a free clinic on Florence and Hoover to serve the local community. It is a small clinic that started as a volunteer clinic with free services. In 2005, they registered for FQHC status which they received in 2008. They are not a community clinic. They have doubled their size to 10 exam rooms, and they provide services for entire families. They will soon operate 1 of the 13 Wellness Centers at the Fremont High School Health Center. They want to increase health education and access in schools. Some of the highest rates of STIs are near Fremont so they will focus on STIs, Pregnancy prevention/care and mental health care.

Next week is National Health Center week, UMMA and St. Johns will host a "Walk with the Supervisor" next Wednesday from St. Johns ending at Mt. Carmel Park. Thirteen organizations will be there as will MRT.

9. Evaluation presented by Jorge Montoya of Sentient Research

Evaluation is the tracking of numbers to show how many tests have gone out, how many partners we are eliciting, how many positives we collect, how are school level interventions going. We also use the evaluations that the CSG meeting (you) fill out at these meetings to try to improve them. We want to refine the outreach by looking at geographical areas where outreach is happening and where the most positives are coming from. Are some people who get texts more likely to get their results, should we do a survey at pharmacies to find out why they are not working? We want to utilize evaluation and work groups to revise the plan. As the plan changes, evaluation has to change.

Sentient Research manages the evaluation and progress of the Plan and its components. The CARS grant funds this project through the CDC and the goal is to reduce STD disparities, to promote sexual health, and to advance community wellness. They also want to use community engagement methods and multi-partners to do this. They are saying, "don't just come up with a plan; work with the community to *create* the plan. Use CBPR principles, share decision making with community and find out what is missing. The CPBR principle is sharing the decision making process of how to implement and how to evaluate." Then they want partnerships with different community stakeholders, not just public health. They want to include health care providers, small businesses and CBOs. They want partnerships that make sense and that will drive the program to succeed and be sustained. The CDC wants a data driven approach that defines what the health disparities are and what are the social determinants of the disparities. There is a social, political, and economic context to disparities that impact health. We want to know how can we make changes to those aspects to create the changes in health.

The Plan is trying to do all these things and we are tasked with evaluating or showing how things are going – Is the program working? If not, how can we improve it? What's working and what's not working? This information on what worked and did not work will be shared with the community.

The CDC wants us to evaluate the plan and refine it over time so we can use this process in other similar communities with STD disparities. Evaluation is meant to assess the program as a whole and not to assess any individual or organization separately. This plan is not complete. It's meant to be fluid and organic. Having input from the ad hoc committees and from

this CSG will help refine this plan. Input from the community and from evaluation will both help us refine and revise the plan to make it better.

Questions and Answers

Question/Comment: Will you provide numbers to the ad hoc committee so they know what they are working with?

Answer: Yes, and we will continue to provide it here too. The role of evaluation is to trouble shoot and refine, making something work better. There should be an even flow of info of evaluation to the community. Evaluation helps drive the agenda, we have already had a community meeting about this and we have reviewed all of the comments and suggestions you have made in your meeting evaluation forms. We use it to inform meetings, and to drive the project.

10. Next Steps, Closing, Evaluations

Salya from the 2nd District announced the “Walk with MRT” that is held next Wednesday. It’s a 2 mile walk through the community ending in St. Carmel Park. Also, MRT’s office is holding a “Care Harbor” the last weekend of September – 4 day event. It is a free clinic to anyone. Everyone gets medical care and a choice of vision or dental, but people need to get a wrist band on Monday Sept 24, to participate in Health Harbor. Public Health, Mental Health and other departments will be there. Community clinics will be there to provide follow up care. They will help people connect with insurance as well. They still need volunteers and dentists.

Harlan Rotblatt – There are promotional materials in the back, venue displays, condom key chains, other information. Please take some on your way out and help promote the program.